



DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE STATE BOARD OF BARBER EXAMINERS
500 JAMES ROBERTSON PARKWAY, 1ST FLOOR
NASHVILLE, TN 37243-1148
(615) 741-2294

ATTACH

PHOTO

APPLICATION FOR RECIPROCITY

T N B O A R D	FILE NUMBER	<input type="checkbox"/> MASTER BARBER <input type="checkbox"/> TECHNICIAN <input type="checkbox"/> INSTRUCTOR	PLEASE READ DIRECTIONS ON REVERSE SIDE APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> BY _____						
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	XACT NUMBER								
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THIS PORTION ONLY TO BE COMPLETED BY APPLICANT.

A P P L I C A N T	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> SOCIAL SECURITY NUMBER											
	NAME: LAST		FIRST		SECOND							
	RESIDENCE: Street											
	City		State		ZIP							
					TELEPHONE ()							
DATE OF BIRTH Month Day Year		NAME OF HIGH SCHOOL		STATE	GRADE COMPLETED							
AFFIDAVIT This is to certify that I, _____, attended _____ Barber School of (state) _____ and graduated with _____ clock hours on _____ date												

N O T A R Y	STATE OF _____ --ss:
	I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.
	_____ Signature of applicant
	Subscribed in my presence and sworn before me, this _____ day of _____, 19____.
	My commission expires _____ _____ Notary Public